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ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE.

Delivered in Bellevue Hospital Medical College,

BY PROF. LEWIS A. SAYRE.

Phonographically Reported by Dr. Wm. A. George.

Recovery from Exsection of Hip-Joint; Morbus Coxarius; Diastasis of Head of Femur; Equino-Varus; Diphtheria followed by Paralysis of Lower Extremities.

GENTLEMEN:—It was my intention to make an exsection of the hip-joint before you to-day, but as the father of the child cannot be present, we will have to postpone the operation until next Wednesday; however, as there are several cases here in which recovery has taken place after exsection, I will show them to you.

CASE 1. Melinda Morpie, now 14 years of age. The following is an extract from her history, taken from my case book:—

"February 12, 1872. Always rather delicate, but active. Fell down a stoop of ten steps, six years ago. Had a slight lameness for very nearly a year afterward. Mother states the child waddled a little in walking. She then grew much worse, and a lump came upon the outside of the left thigh, which was opened by Dr. Burke, of East Broadway, New York; discharged a very large quantity of pus, and has continued to discharge until the present time, about five years. No means of extension has been applied to prevent the distortion from muscular contraction, and her present condition is as seen in the photograph. The limb is considerably adducted, flexed and fixed, with several sinuses discharging pus, and through which the probe readily leads to dead bone. There is extreme emaciation."

The exsection was performed at Bellevue Hospital, February 12, 1872. The acetabulum was found to be perforated; the head and a portion of the neck of the femur were absorbed. The femur was sawn off just above the trochanter minor. She was dressed in the wire cuirass for two months, afterward wore the long splint for nearly a year, and now presents herself before you, as you see, with a limb only half an inch shorter than the other, and with the motions perfect and complete; bears her entire weight upon the operated limb, and, as you observe, would pass through a crowd without being specially noticed.

CASE 2. Martin Ward. This little fellow you see before you, now ten years old, a specimen of robust health, with ruddy cheeks and well developed muscle, is a boy upon whom I performed exsection in Bellevue Hospital, on the 22d of January, 1873. At that time he was reduced to the lowest degree of vitality, in fact, was almost in articulo mortis, and the operation was consented to by his friends and physician because death seemed inevitable.

The history of the case, as I find by referring to my note-book, was that in April, 1871, he was thrown down by another child; two weeks later he limped, "as if he had a nail in his foot." The limping became worse and worse, but he had very little pain. He was examined by a dispensary physician; no great pain being present, no diagnosis was made. He was then taken to Dr. Rodenstein, of Manhattanville, who thought it to be hip-disease, and sent him to the Hospital in Forty-second street.

He remained there until March, 1872, seven months, and was then removed by the mother, who thought he was likely to die.

When brought to me, he was in the third stage of hip-disease, with a large swelling over the back part of the nates on the left side, which abscess opened in June, and had been discharging to the time of the operation, January, 1873.

In this case the head and neck of the femur were entirely destroyed by absorption. The end of the femur was sawn off by the trochanter minor, but finding that a carious condition extended further down the bone, another section of the femur, half an inch below the trochanter minor, was made, when we came to healthy bone. The acetabulum was perforated, a number of small pieces of dead bone being carefully chipped off, down to the attachment of the internal periosteum, and the child was dressed in the wire cuirass, as usual.

After some weeks he was put upon the long splint, which he wore for more than a year, but for the last eight months has used nothing, and, as you observe, runs with perfect freedom, having on his shoe a three-fourths of an inch lift to equalize the length of the limbs. The motions of his joint, as you perceive, are perfectly free and normal. The accompanying photographs illustrate the condition of the child at the two periods mentioned.

Case 3. Max Yahn, now in his thirteenth year. The interest in this case, gentlemen, is, it illustrates that in some cases, even when the disease has progressed to the third stage, under proper treatment, nature will sometimes repair the damage, and they may recover, even with a movable joint, without resorting to exsection. In fact, all cases should be permitted to recover without the operation, if possible. It is only when the disease is progressive, the carious destruction continuing in spite of judicious treatment, that the operation is justifiable.

This boy you now see was brought to me in November, 1873. He was of healthy parents and appeared to be well nourished, notwithstanding he had suffered for two years from the trouble, which was brought on by a severe fall while playing at school.

When he was brought to me, he was in the third stage of the disease, with the usual deformity, and a large abscess on the outer part of the thigh. This was freely opened and a short splint applied. [The father remarked:—"From the moment that extension was applied to the boy's limb he has not suffered any pain whatever, either day or night, when the extension was properly adjusted."] The plasters have been re-adjusted from time to time, and the boy has made steady and rapid progress towards recovery. The last time I saw him was in November, 1874, when the instrument was re-applied, and when he was so much improved that I prognosticated a perfect result.

We will now examine him and see his present condition. You will observe, gentlemen, that although his bandages are soiled very much, the adhesive plaster is in the exact position in which it was placed on the 10th of November last, nearly three months ago. You see the difference in the size of the limbs. This one on the right side is as well developed as any boy's. There is no more struma about him than about me. The disease is cured, as shown by the absence of pain on concussion and motion, but the leg, as yet, cannot be brought fully down to the table, so that the popliteal space will touch, without slightly tilting the pelvis, owing to the long contraction of the psoas magnus and iliacus internus muscles, and the rigidity of others, due to want of exercise. We, by concussion and compression, find that he is perfectly safe without the splint.

Ordinarily, when they have gone so far as the present case had done, anchylosis, even, would be considered a very favorable termination; but here, as you observe, we have quite good motion; rotation inward and outward almost perfect; abduction sufficiently wide for riding on horseback, and for all the practical purposes of life; flexion, as you see, very good, and when the limb is abducted, greatly increased. He will require the instrument no longer.

Case 4. Nellie Burke, of Chicago, now eight years old, was brought to me in April, 1874, by Dr. Burns, of Brooklyn. She had been ill with the disease since December, 1871, at which time she began to limp in her right leg, without any assignable cause. The limb was flexed at an angle of 45°, and no motion whatever in the joint until extension was made, when the motion was very slight, scarcely perceptible. Right thigh measured eleven inches in circumference, and the left twelve and three-fourths inches; the right limb twenty-one and seven-eighths inches in length, the left twenty-two and a half inches.

The long hip splint was applied, before the class, in Bellevue Hospital, May 6th, 1874, with complete relief of pain, and enabling the child to walk moderately well.

We will see now if she is able to dispense with the splint. This we ascertain by concussion and compression, which we use here and find pain, and consequently, the instrument is required a while longer, until all pain has departed.

Case 5. *Diastasis.* Mary Ann Lavan, aged five, brought to me in October, 1874, for morbus coxarius, but upon examination I found she was not suffering from hip disease, but had diastasis of the left femur. Three years previous, in June, the child was thrown down in the street by a large boy, and became immediately lame, with her limb shortened and foot everted, and walked on her toes. She was seen by several physicians, who all pronounced it, so the mother states, hip-disease.

In three months, with no treatment beyond salt water bathing, the child had recovered so there was no lameness excepting the limp from the shortening and outward rotation of the foot. There was no pain whatever.

Six months after this she got a severe hurt by falling down stairs. She was unable to walk without difficulty, and not improving under the old treatment this time, she was taken to the Forty-second Street Dispensary, where she was treated for hip disease. She was under treatment there on two occasions, the latter time remaining in the institution over twelve months, when she was removed from it on account of her failing health, and was brought to me, as before stated, in October, 1874, pale, emaciated and salivated.

Upon stripping her for examination, the limbs were found to be parallel. Putting her upon the floor, on her back, there was a very slight arch in the lumbar vertebra when the limbs were pressed completely down to the table, not more than in the natural pelvis. The left limb was seven-eighths of an inch shorter, measuring from the anterior spinous process, than its fellow. The trochanter major was above Nélaton's line.

This last test, gentlemen, is one of very great importance. It consists in drawing a line from the tuberosity of the ischium, running over the outer part of the thigh, to the anterior superior spinous process of the ilium. This line thus drawn passes directly over the top of the trochanter major in the normal condition of the parts, and is called "Nélaton's Test." If the neck of the femur be broken, or if there be dislocation of the head upon the dorsum of the ilium, the top of the trochanter will be above this line; if luxation in the foramen thyroideum, of course, it will be below the line. In the third stage of hip disease, where the head and neck of the femur are absorbed, the trochanter will be above this line, but, of course, in such case you will have all the other symptoms of hip disease.

In this instance, the trochanter being above the line, and the other evidences of hip disease being absent, led at once to the suspicion that there had been fracture of the femur, or what is equivalent to a fracture in a child, diastasis, and the history of the accident, obtained from the mother, confirmed the suspicion.

By extension the limb could be brought to the same length as the other; by compression upward the trochanter could be distinctly felt to ride up and down. A clear snapping sound was heard upon extension, and less marked snapping upon some motions of the joint. The gluteo-femoral crease was not characteristic of hip disease in any of its stages. On the external aspect of the thigh was an abscess, extra-capsular, probably the bursa over the trochanter major. The limb could not be fully abducted, on account of the contraction of the adductors and pectineus muscles; but point pressure upon the tense tendons when stretched did not produce reflex contractions, and I, therefore, decided that they could be stretched without being cut.

The long splint with abduction screw was applied, and the result is as you see before you. The abscess was opened, discharged a short time, and has now healed.

The object of the instrument in this case, gentlemen, is not to relieve her of hip disease, from which she has never suffered, but to prevent any further shortening of the limb, and retain it in position so that by motions of the end of the femur upon the dorsum of the ilium nature may throw out osteophytes sufficient to guard it, and, in that way make, in the course of time, a new joint, similar to this specimen which I now show you.

This was obtained from a case very similar in its history to the one now before you. The child had fallen; the deformity followed immediately after the fall, and for many years was treated for diseased hip-joint, and, at last, sent to me for exsection.

In that instance I divided the contracted fascia and tendons, restored the limbs to their proper positions, and by the use of a splint for some two years, the patient entirely recovered with a shortened limb, but a movable joint. He died some few years afterward, of another disease, and I was fortunate enough to obtain this specimen.

You observe this ilium with its irregularly contracted acetabulum changed in shape, and diminished in size for want of use. You see upon the upper and outer border a small articular facet, about the size of a marble, on which the head of the femur had been resting when the leg was distorted, previous to my division of the tendons, and restoring the limb parallel with the other. Above this point, upon the dorsum of the ilium, you observe this round, perfectly shaped acetabulum, the size of an orange, with an elevated border and firm crescentic edge, making a perfect shoulder or rest for the head of the bone, almost as perfect and complete in form as the natural acetabulum, and covered all over with this white polished ivory-like surface, which we call ebernation of the bone. The end of the femur fitted this cavity exactly, and was also tipped with the same ebernated or ivory-like bone, the two gliding upon each other with as much smoothness as a natural joint with a synovial membrane. There were no lining membrane or articular cartilages in this instance, but the two bones were held firmly together by a capsular ligament, which sprang from the sharp crescentic edge you here see.

The object in the present case is to keep the limb in the position described by means of the long splint, until nature has an opportunity to produce a similar result. When pressure upward can be made without any increased shortening of the limb, no further treatment is required. Of course, the limb is shorter than the other, but this defect is easily remedied by increasing the length of the heel of the shoe.

Case 6. The next case was one of equinovarus, upon which the professor performed his usual operation (see Medical and Surgical Reporter, Nov. 22d, 1874), and dismissed without comment, so many similar cases having been treated in the same way during the winter.

Case 7. C. F., æt. 16; sent to me by Dr. Dearborn, of Nashua, N. H. He had diphtheria when one year old, which was followed by total paralysis of the lower extremities.

As our time is brief, we will test these contracted muscles and fasciæ by point pressure. The tendines achillis do not give us spasm, and consequently they will not require section; the plantar fasciæ of the feet give us spasm when point pressure is made, and it would be utterly useless to apply extension, friction, electricity, etc., without making section of them.

The operation was performed, the boy dressed, and a letter read from Dr. John D. Myers, of Boonville, Mo., formerly of Virginia, giving the result in his son's case, where recovery had been complete, although the disease was in a much more aggravated form than in the case above referred to. The hour being up, the professor retired.

Communications.

POISONING BY STRYCHNINE.

BY F. HORNER, JR., M. D.,

Of Salem, Va.

During the late war, and subsequently, the use of strychnine as a nervine and tonic was resorted to, because of the cheapness of this alkaloid. The farmers use it to poison crows which infest the corn fields, and dogs which destroy their sheep, and rats and other household pests. It appears now to have taken the place of arsenic for purposes of this kind. It may very justly be termed a deadly poison. In a preparation sold to the public for destroying vermin, it has led to the death of several children, when administered accidentally for other substances. If used in medicine, much caution is necessary, because of its frequent fatal effects. The writer knew symptoms of poisoning to follow the use of simple solution of strychnine, given to relieve debility in case of hysteria, and in another instance in which elixir of strychnine and quinine was given by a physician without restriction as to time and effects. Two examples, followed by fatal results, the one a murder, and the other a suicide, have come within my knowledge.

Case 1. An old negro, who was regarded to be in the way of a white family, a member of which was eager to become possessed of certain landed property, had a drachm of strychnine administered to him, in a drink which he was told was domestic bitters. The guilty party, it was proved in the course of the legal investigation, which was held subsequently, had procured this

quantity of the drug at a neighboring country shop. The poison was given to the negro by a female of the house, about nightfall, and a few hours afterwards took effect with the following symptoms, resembling very much those of tetanus, viz: Trismus and spasmodic contraction of all the muscles, the whole body becoming as stiff as a board. The lower extremities were extended, and the soles of the feet concave; the skin livid; the eyeballs prominent; pupils dilated and insensible, and the patient laid unconscious for a time, and in a state of universal tetanus. Appropriate treatment was resorted to by a physician who was called in, and after the exacerbation of the first spasm, the sufferer was able to speak, and seemed to grow better and even hopeful of recovery. Unluckily doubt failed to suggest to his attendant the importance of taking the man's dying testimony, with a view to have punished the guilty parties, and though all the facts and circumstances which attended the illness and death of this patient, went to prove that he had been poisoned, the court found a verdict of acquittal against the suspected parties.

Case 2. This, a victim of self-destruction, was a young lawyer, of clever talents and of high social position. He was intemperate in his habits, and had been thwarted in a love affair. He was apparently in robust health, and had a fine appetite and florid complexion. Three days previous to his death he had selected pall bearers to bury him, ordered his coffin to be made by an undertaker, and deliberately announced to his numerous acquaintances whom he met on the street that he would die at a certain hour on the following Saturday, three days afterwards. He had not before given indications of mental aberration beyond the vagaries of a brain disordered by the abuse of ardent spirits, causing for a time incipient symptoms of mania-a-potu, and this was permitted, unluckily, to pass by without further notice. He returned home to his father's house on Friday evening, and went to bed in his usual health. During the night the family were roused from sleep by his groans, and sent for a physician, who found the patient convulsed by violent spasms, rigidity of the muscles of the arms and legs, the pharynx and diaphragm, and the jaws so rigid as to prevent the introduction of medicine. The patient died asphyxiated from the spasm of the chest in about an hour and a half, suffering the most excruciating torture.

No clue to the poison could be discovered about the person of the patient, or in his apartment, nor was he able to make any confession of the cause of death.

Neither of these patients survived the exacerbation of the fourth spasm.

Many of the profession may recall the circumstances of the death of the notorious State criminal, Gardner, in proof of the sudden and fatal effects of a comparatively small quantity of strychnine, which occurred in Washington City in 1857. The victim was tried for an attempt to defraud the Government out of certain valuable silver mines in New Mexico. On the day of his conviction of guilt by the court, and while returning to the District Jail, the prisoner was seen to put a powder in his mouth, which was afterwards proved to contain two grains of strychnine, and caused death in a few hours. Dr. Stone examined the stomach of the culprit, and found strychnine. At the time this case of strychnine poisoning elicited the attention of the faculty in Washington, then represented by the ablest of the profession, such as Drs. Thos. Miller and Hall.

The lessons to be learned by such examples as have been given above, are:—

1. That physicians cannot be too cautious and prompt in the management of cases where proofs of intemperate habits and poisoning exist, averting, if possible, by timely warning given to the friends of the party, or to the legal authorities.

2. To comply strictly with the rules of medical jurisprudence with reference to testimony elicited to exculpate or to criminate the parties concerned, and particularly to obtain the dying testimony of their patient, certified to in writing by two or more competent witnesses.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA.

CLINICAL ASPECT OF SOME DISEASES OF THE SPINAL CORD.

REPORTED BY F. WOODBURY, M.D.

Spinal Meningitis with Myelitis.

Gentlemen:—This case, now brought before you, is that of a very unfortunate man. His history is as follows:—

J. S., 25 years of age, married, and, when taken sick, was a bartender. Five years ago he contracted a chancre, which was followed by a

bubo. He had ulcers upon his left leg five weeks later, but he has never noticed any eruption upon his body. Two years subsequently he suffered for a week or ten days with violent neuralgic pains in his head; a cervical lymphatic gland then became indurated and afterwards suppurated. With these exceptions his general health has been good until six weeks ago, if we leave out of consideration occasional flying osteocopic pains. His hearing and eyesight have always been perfect.

About the first of December last he discovered that he was losing control of his bladder and rectum, and beginning to have involuntary evacuations. Two weeks later he noticed some disturbance of sensation in his right leg, with muscular twitchings; but this did not interfere with locomotion until another week had passed, when he found he could no longer walk without assistance; and the day before Christmas he observed that the left one was going through a similar train of symptoms to that pursued by the right. There was loss of sensation from the commencement of the trouble, but he states that he cannot recall whether, when he lost sensation in the right, he lost motion in the left at the same time or not, yet is quite certain that the paralysis was preceded by loss of sensation. During the latter days of December he could not move a muscle of his lower extremities, and he became perfectly helpless. All this took place without pain in the paralyzed parts or elsewhere.

He was admitted to the ward January 12th. He was then not emaciated; the tongue was slightly coated; his appetite was good. There was no impairment of muscular power in the arms, but complete abolition of voluntary motion existed in the lower limbs. Perception of deep pressure remained, to a slight degree, in both thighs, and was rather more marked in the right. No sensation whatever was present in either leg below the knee. The penis was in a state of partial priapism, and the least movement of the limbs caused an erection. A large sloughing bedsore was found over the sacrum, and smaller ulcers existed on each leg below the knee. The urine, which excoriated the scrotum, by constantly dribbling, was light in color, but not clear, specific gravity 1016, slightly acid in reaction, and not albuminous.

Upon examining the patient as he lies before us, we notice that either leg is sometimes jerked by an involuntary spasm. When tested by a pin, the leg becomes strongly flexed, forming at the knee a considerably acute angle, but notice that when it is so flexed, he is not able to again extend it. Introducing the pin deep into the skin of the leg, though producing these violent contractions, is unattended by pain; he says he does not feel it in the slightest degree. Perception of heat and cold is also lost, but these agents also produce active reflex movements. Therefore sensation to pain, touch, and temperature is abolished below the knees.

With the battery, the muscles of the thigh, although they take a little time, respond well to a weak current. Upon applying it to the calf muscles the leg jerks, reflex action being produced as by other contact, but the muscles do act; therefore their electro-motor contractility is, to say the least, preserved. He feels the current slightly. *The electro-muscular contractility appears normal, but the electro-muscular sensibility is diminished.*

The hour having expired, I will pause merely to pronounce the case one of paraplegia, probably depending upon syphilitic disease of the spinal cord low down in the dorsal, or in the lumbar region; and will discuss the case more fully on the next clinic day. In the meantime he will be treated by large doses of iodide of potassium (gr. xx, thrice daily), with cod-liver oil and nourishing diet, and careful attention will be given to his bed-sores.

January 22, 1875. In bringing this patient once more before the class, we will not stop to again test his sensibility; reflex excitability is here greatly increased, the prick of a pin causing such active spasm of the flexor muscles of the inferior extremities that involuntary, but extremely offensive, fecal evacuations occur, which tends to repress unnecessary experimentation.

His expression is good; his face is not emaciated or anæmic; he eats well, and his tongue is clean, except a slight coating upon its left side. He has no cough. The pulse is 68; respirations 18. His axillary temperature this morning was 97½°, and the highest since he has been in the house is 98½°, so that the temperature is not materially affected. The heart is irritable, and its beat quick; the sound is short, but not abnormal; there is no valve lesion. There is no tenderness along the vertebræ, and, with the exception of some sense of soreness in his back, produced by the bed-sore, he has no abdominal or lumbar pains, nor has he, at any time since his attack, had any pain in the paralyzed limbs. This point about the pain is an important one, which I will ask you to remember. He also says that he has a sense of constriction, as if a cord were drawn around his chest. When the soles of his feet are tickled the reflex movements are strong in both legs, but are rather more active in the right. The electro-muscular contractility, as you will recall, was but little impaired, if at all. The urine has become neutral, and is alkaline a few moments after passing.

You have heard the history and the present condition of the patient, let us now examine the diagnosis

Here is an attack of paralysis, acute, rapidly developed. The loss of voluntary motion is complete. He cannot move his legs in the slightest degree, nor has he improved since he came into the hospital. Sensation is so defective that the thrust of a pin produces no pain, but like other peripheral irritation, causes powerful reflex movements. These are the principal points upon which to construct our diagnosis, which we make as syphilitic spinal meningitis with myelitis, or inflammation of the cord, acute

in character. Having announced this diagnosis, we will review the corroborating points, and investigate some of the unusual features of the case.

First.—I will call your attention to the complete anæsthesia. This is a symptom that commonly accompanies inflammation of the cord, and very often precedes the loss of motion, as, in truth, it seems to have done here. At times—and this would accord with our knowledge of the physiology of the cord—the loss of sensation occurs in one limb coincidently with motor paralysis in the other. In myelitis loss of sensation is the rule.

Second.—Another feature in this case requires our attention; it is the exalted reflex excitability. This may be found in simple meningitis as well as in myelitis, but while it continues you may be sure that the gray matter of the cord is not disorganized, for if the morbid action involve the gray substance to the extent of softening, reflex excitability will be lost. We may then conclude that, in the case before us, this structure is intact.

Third.—Now as regards the complete and rapidly developed character of the paralysis. This has not been attended by any pain in the legs, and upon this I would lay some stress. In cases of uncomplicated spinal meningitis, the palsy, being caused by localized effusion into the membranes, is shifting and not complete, depending for its nature and degree upon the amount and location of the effusion. Therefore we must have some myelitis in the case we are studying to account for the character of the paralysis.

But why assume any meningitis at all? Why may this not be a pure and simple inflammation of the cord? Because—

1st. Myelitis is generally accompanied by more or less meningitis.

2d. Preceding the loss of motion in the legs there were muscular twitchings; this is much more likely to belong to the clinical history of meningeal inflammation than to myelitis.

3d. Syphilis of the nervous system generally invades the membranes, and the exudation resulting gives trouble in proportion to its amount and the pressure it exerts. Clinically speaking, there is not, however, very much difference between symptoms thus produced and those due to structural disease of the cord, but I conclude that there is some meningitis present from the manner in which the paraplegia set in, the muscular twitchings, and some of the other phenomena mentioned. The exceptional feature which distinguishes this from a case of simple meningitis is that disease of the membranes is usually characterized by pain in the course of the nerve trunks. Here there is none; nothing like distinctive pain in the legs or abdomen.

Before concluding, let us ask, Is there no other explanation; must it be as we have assumed, or could the amount of disease that here exists be otherwise accounted for? Yes; there is a possibility, and this possibility is strengthened by the syphilitic history of the case. It is that of the existence of a syphilitic tumor pressing upon the cord. Now, while I admit that this might be the case, I tell you that the differential diagnosis of such a tumor is impossible unless tumors of a similar kind exist elsewhere upon the body. Another point is that the symptoms in this case appeared suddenly, while the development of a tumor would be gradual, and the spinal symptoms correspondingly slowly produced. Yet there are apparent exceptions, as in a case you saw some time since with my colleague, Dr. Hutchinson. There would, however, be spinal tenderness, and the absence of pain, both spontaneous and upon pressure on the vertebral spines, in the case before you, renders the hypothesis doubtful; and it is rendered still more improbable by the fact that a tumor would not, at least in its early stages, press equally upon both lateral segments of the cord. This would give us a history of disturbance of sensation upon one side and of motion on the other, due to the fact of the decussation of the motor nerves taking place in the medulla, while the sensor fibres cross throughout the entire length of the cord. We therefore settle upon the diagnosis of meningitis with some attending myelitis.

The prognosis is very unfavorable, and there is but one point upon which you can hinge a hope; that is the history of syphilis. It is a curious fact that syphilitic nervous lesions are much more amenable to treatment than those from any other cause.

If the disease progress unchecked, it will either produce softening of the gray matter, or its connective tissue will be increased, and result in induration or sclerosis.

The treatment with large doses of iodide of potassium will be continued. At the same time he shall have the bichloride of mercury (gr. $\frac{1}{16}$, thrice daily), in a separate prescription. There is no use of local treatment; galvanism would be injurious from its influence upon the reflex excitability: frictions are interdicted upon the same grounds.

Before passing the case, there is one other feature that I will mention, the early appearance of bed-sores. This is one of the greatest dangers we have to encounter in myelitis, and it demands early and constant attention. As a prophylactic, washes may be used to harden the skin, such as dilute alcohol, or alum and water. Or, when bed-sores are beginning to form, we may act favorably upon the exposed skin by frequent alternate applications of hot and cold water, as suggested by Brown-Séquard. This has been found very useful in retarding the development of bed-sores, and improving the nutrition of the skin. I said retard the development (I wish I could say prevent), but they will sometimes appear in spite of your greatest efforts.

I have discussed this case rather fully, both because it well illustrates some points of the pathology of the spinal cord, and because it is so rare that you will seldom meet with its like.

Spinal Anæmia and Exhaustion, with General Paresis.

The case now being brought in is an intricate one, about which there may well be a difference of opinion. The notes are as follows:—

Rebecca M——, æt. 30, married, gives a good family history. As a girl, she was never very strong, her menstrual periods were irregular, and she suffered from leucorrhœa. Married at 21, she has had two children and one miscarriage. Her second child was not well developed, and is sickly. She has been obliged to wear an abdominal supporter since the birth of her first child; and, to relieve some uterine trouble, a pessary was introduced two years ago, but as it set up considerable inflammation it was shortly after removed. When she was eighteen she began to lose flesh, but during the last two years she has emaciated rapidly. About this time (two years ago) she also began to lose power in her legs, and this has continued until at present she is unable to walk more than a few steps. She has no fever. She is not constipated. The urine is rather dark in color, but clear; acid reaction, specific gravity 1026; it is non-albuminous.

We will now proceed to investigate the case to find a cause for this general loss of power. She moves the upper extremities perfectly well, but her grasp is feeble, particularly in the left hand; she moves the lower limbs less readily, and after a few steps her power seems to give out. We have not taken her word for this, but it was tested before she was brought before you. She looks emaciated; the color of her face is not bad, but a certain amount of anæmia exists. Her gums are pale, and, curiously enough, show a well-marked gingival line, but upon this I lay no stress. She recalls that the weakness in her lower limbs has been aggravated since the birth of her last child, but she had had a pain in her back and began to lose power in her legs one year previous. There was general loss of power before, but since this confinement it has been more marked in the lower extremities.

Upon auscultation we can detect no disease of the heart, but it is irritable and frequent-acting. The tongue is slightly coated. She has occasional headache, the pain of which is associated with heat; it is sometimes acute, and is at times accompanied by neuralgic pains in the teeth. She cannot read much, as strain of the eyesight produces pain in the head the next day.

The legs are very much dwindled. The right leg measures 8¾ inches; this is no calf at all. The left is even less, 8½ inches. The thigh muscles are small in proportion. Those of the arm are flabby, but they are better developed than those of the leg. So much for the muscular system; now for sensation. Pinching is readily appreciable, especially at one point of the right leg, where it produces a feeling of soreness. She readily distinguishes heat and cold; perception of temperature is unaffected. Tickling, or the prick of a pin, she feels distinctly. *Sensibility is perfectly preserved, and, if at all affected, is slightly exaggerated upon the right side.* Upon applying the current we find the electro-muscular sensibility is well preserved. She feels a feeble current distinctly; and motion is easily excited by the same current in either limb; there is good action of the muscles. When, however, she attempts active voluntary motion, as in trying to kick, *she does not seem to have full power over the muscles.* She can move them, but they act feebly. She moves the arms well; the loss of power is not so evident as in the lower extremities. She has at times a sensation of numbness in the fingers, and occasionally, but not so often, in the legs. These feelings, she states, last only about fifteen minutes at a time; they are not permanent. Upon examining the spine, we find considerable tenderness upon pressure; in truth, the whole spine is sensitive, but there are several spots of especial soreness—one about the lower cervical or first dorsal vertebra, and several more between this and the sacrum. She does not think these are stationary; sometimes one point, sometimes another, is painful. Motion of the body does not increase this pain.

Now, what is the diagnosis of this case? That it is one of real disease of some kind is evident, from the wasting and loss of power. At first glance it might be considered as hysterical, and much of the complaint imaginary; but here there is true atrophy of the muscular system, and the loss of power has been tested; although she is talkative and emotional, yet the hysteria present forms only a part of the malady, and cannot account for the organic changes.

Is this a case of spinal softening attended with loss of power? I think not, for several reasons.

1. The loss of power is variable, and not complete.

2. She seems to have control over the muscles up to a certain point, where they give out and apparently become exhausted. This is not the history of organic disease of the cord.

3. Moreover, the test with the battery serves to negative this supposition of softening, in which the muscles lose their electric contractility; in this case they respond well to a weak current.

If it is not softening, what is it? There is one hypothesis that will probably suggest itself to you; it is that of reflex paraplegia, which we sometimes see after uterine disease. And if by this you merely mean functional paraplegia, of spinal origin, encouraged or excited by uterine disease, I accept the diagnosis as very likely. The motor disturbance was general, and occurred in the arms as soon as in the legs. Though not directly caused by the uterine trouble, it has had a great deal to do with this condition we are studying. As to the way in which it might do so, two views might be taken:—

First.—There may be congestion of the spinal cord.

Second.—An anæmic state of the cord may exist, with depressed function.

They are both possible. Now which is the more likely to exist in the case before us?

Considering the general appearance, the anæmic look, the spinal tenderness, we find these

more common in spinal irritability, with anæmia, than in congestion of the cord. Again, we have seen here that the power gives out after a slight effort, instead of improving after exercise, as it often does in spinal congestion.

Therefore, we believe that the paresis, as it really is, and not true paraplegia, is caused by depressed function, accompanied by anæmia of the cord, which evidently started in the uterine trouble, and was secondarily followed by anæmia, to which the loss of power was subsequent.

The study of this case is very interesting, and if our diagnosis is correct, we will be able to cure the patient. But before discussing the therapeutics, I wish to call attention to the dwindling of the muscles. This is partly due to the want of use and proper exercise, and partly caused by defective nerve supply; the nervous centre being impaired, its functions are affected.

You may suggest the question, Might this not be a case of progressive muscular atrophy? This is rendered unlikely by the fact that—

1st. Progressive muscular atrophy is rare in women.

2d. When it occurs it is not so general or symmetrical as in the present case.

3d. If the trouble were in the muscles, before this amount of atrophy and loss of power would occur, their structure would be so altered that they would not readily respond to electricity; there would not be such perfect reaction as we have seen to exist here.

From these reasons I think our diagnosis is correct, and the muscular trouble is due to defective nerve supply and changed nutrition.

The first requisite in the treatment is to investigate and remove the uterine disease. Having done this, we will invigorate the spinal cord. For this purpose the preparations of zinc and of phosphorus have been recommended; arsenic, also, is used in these cases. Strychnia has been tried, but it does not agree with her. She shall have two grains of valerianate of zinc every three hours. Also, for the anæmia, she may take tincture of the chloride of iron, twenty drops after meals; and she shall be well dry-cupped over the spine, to relieve the sensitiveness and spinal irritability. Moreover, as we wish to improve her general nutrition, as well as that of the spinal cord, she shall have a good diet, with a small amount of stimulant, say a glass of ale or porter daily; and, if her stomach will bear so much medication, she should take a tablespoonful of cod-liver oil three times a day. It may not be possible to give her all these at once, but I will merely indicate the general line of treatment, and will modify it as circumstances may require.

Would any local treatment be of service here? Yes; it will be of great benefit, in the shape of daily frictions, faithfully applied. The muscles shall be galvanized, in groups, every other day, as a muscular tonic. Might it not be possible to invigorate the spine by the direct action of the continuous current? I confess I have not seen the good effects that we are told arise from the application of the constant current for its central action. But, because it has been strongly recommended for just such cases as the one before us, we will try it here, and apply the continuous current to galvanize the spine every other day, alternating with the faradic current to the muscles, before ordered.

Editorial Department.

Periscope.

The Treatment of Chloroform Sickness.

The following treatment for the after effects of the Inhalation of Chloroform and Ether is given by Dr. W. Rigden, in the *Lancet*.

The first consideration in chloroform sickness is its prevention, and too great importance cannot be attached to the diet of the patient on the day of the operation, as well as to the treatment of the patient for some hours after. If the operation is at two o'clock or at half-past one in the afternoon, as is usual in most of our metropolitan hospitals, the patient should have his usual breakfast of bread and butter, with tea or coffee, and an egg, if required. This is usually at about seven o'clock. He should then have a pint of strong beef-tea at ten o'clock, but not later, and half an hour before the operation a glass of sherry or some brandy-and-water. This should not be given immediately before the operation, as I do not think it does any good, and it increases the liability to after-sickness to begin the inhalation immediately after the patient has swallowed anything. I do not think it safe to give meat at all on the day of the operation, for I have often noticed a patient vomit undigested meat which he had taken fully four hours before, and this is due to the thoughts of the impending operation interfering with digestion. If the operation is to be performed in the morning, the patient should have some beef-tea about three or four hours before, and a glass of sherry or brandy-and-water half an hour before the operation. Too much care cannot be taken in keeping the patient lying quiet during and after the administration; any movement, especially if jerky and rough, and more especially while recovering

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from the anæsthetic, is very likely to bring on vomiting. It is the habit of many surgeons to give opium to a patient immediately after an operation; this, though probably beneficial in many ways to the patient, is very likely to increase the liability to so-called chloroform sickness. The hypodermic injection of morphia is more likely to produce sickness, when given without chloroform, than other preparations of opium. I would suggest that in these cases morphia should be given combined with atropine, in the proportion of one-sixth of a grain of the former to one-sixtieth of a grain of the latter. This combination I have used when morphia alone has produced sickness, and I have never known it fail.

The dietetic management of a patient after recovery from chloroform inhalation is very important. It is better to give nothing for the first three or four hours but a little ice to suck,, and very small doses of brandy if the patient requires it; but most cases are far more likely to recover well if left to themselves than if brandy is energetically poured down their throats. Perfect quietness is also very important; the patient should be cautioned to lie quietly, and not to talk; the room should be darkened for the patient to get some sleep. If sickness happens to come on, in most cases it will be only slight, and pass away by leaving the patient quiet, following out the same plan as I have recommended for its prevention; but if it gets protracted, then there are hosts of remedies which have been extolled, but none of which are of universal use. A mixture of milk and lime-water, or milk and soda-water in equal parts, is most likely to be of service; but should these fail, the best medicine, I believe, is bismuth and hydrocyanic acid. I have seen creasote, ipecacuanha wine in minim doses every hour, also Battley's solution of opium in the same doses, used advantageously, but I have seen them as often fail.

It is sometimes possible to prevent vomiting during an operation, when it is impending, by pushing the chloroform with care; for it is often a sign of returning consciousness, and may be prevented by keeping the patient well under its influence.

The foregoing remarks will apply in the main to ether, but there are some important differences in the action of the two substances. Vomiting after ether I have found more frequent in my cases, but I am sure it is not so prolonged; headache is decidedly more common after ether, and is sometimes intense, but it is not usual at all; some amount of excitement on returning consciousness after ether occurs in fully half the cases, but it is rare to be very great or prolonged. The classes of patients who exhibit it most markedly are the same as those who exhibit excitement after chloroform. There is no collapse after ether, and ether will in most cases do away with the shock after severe operations; those patients who have taken ether subsequently to inhaling chloroform have always told me that when consciousness returned they have felt much better after ether; still the commencement of the inhaling of ether is so unpleasant that most say that they would prefer chloroform if they were to be anæsthetized again.

Vomiting I have found to occur in 50.65 per cent. of the ether cases, against 32.86 per cent. of the chloroform cases; but of these 35.06 were only slightly sick, so that we have 15.59 per cent. of the ether cases exhibiting troublesome vomiting against 16.17 of the chloroform cases. I have found the same difference in ether as in chloroform between minor and capital operations: in the former 40.89 per cent., and in the latter 76.4 per cent., of the ether cases exhibited vomiting in some degree. Bronchial irritation or excessive flow of saliva is not uncommon after ether inhalation, and is sometimes troublesome, but it never lasts long, not more than a quarter of an hour.

Therapeutical Properties of Bromide of Camphor.

Some experiments of this drug by Dr. Bourneville, of Paris, are quoted in the London *Medical Record*.

The form of the drug administered was the same as that which has been employed up to the present time in all the hospitals of Paris, Dr. Clin's bromide of camphor dragées. In addition to the physical properties of bromide of camphor already mentioned, its characteristic odor and disagreeable flavor, it may be noted that it is insoluble in water, and changes when exposed to the air, so that the dragées are the best form in which to administer it. Each dragée contains exactly ten centigrammes (1½ grain) of the bromide of camphor, covered by a thin coat of sugar, which preserves the drug, masks both its odor and flavor, and renders it easy of deglutition. These dragées become rapidly disintegrated in the stomach. Among the cases already published we find the following:—

In one case, a woman aged sixty-two, suffering from heart-disease attended by insomnia, twenty centigrammes only (two dragées) were efficacious. In the case of a woman aged forty-six, who was suffering from progressive locomotor ataxy, in whom insomnia alternated with disturbed sleep troubled by nightmares, it was necessary, in order to obtain a decided improvement, to administer eighty centigrammes (eight dragées). A woman aged forty-six, who for six years suffered from chorea, who had not been able to walk for a year, and was tormented by such incessant and violent movements that they drew her out of her bed, and who was also unable to sleep, had administered to her as high a quantity as 120 centigrammes (twelve dragées). Her sleep became calmer, she remained quietly in her bed, could walk a little, and often remained fifteen or twenty minutes undisturbed by choreic movements.

Three women, under the care of M. Charcot, of the respective ages of fifty, sixty and sixty-seven, were attacked by paralysis agitans, and

pronounced incurable. They took from twenty centigrammes to one gramme (three to fifteen grains) of the bromide of camphor, daily, in quantities varying from one to ten dragées, in progressive doses. A marked amendment followed.

Bourneville (*Progrès Médical*) has submitted the efficacy of bromide of camphor to a severe test, by choosing as a field for his experiments a hospital for incurables. If it succeeded in these obstinate cases, still greater was the probability that it would act beneficially where the conditions were more favorable, and the illnesses of more recent origin. A patient in the Hospital de la Pitié, twenty-four years of age, suffering from acute rheumatism, was attacked by chorea in the left arm. He was cured in five days. The dose was sixty centigrammes (nine grains) daily, given in six dragées

In the same hospital, a woman, aged twenty-two, was attacked by violent hysterical chorea, with hysterical vomiting. The dose given was first forty, and then sixty centigrammes, daily. Her cure was rapid.

A young woman, a patient in the Neckar Hospital, suffering from induration, with insufficiency of the mitral valve, showed symptoms of poisoning from the first day digitaline was administered to her. The digitaline was discontinued, and bromide of camphor substituted. The heart-beats diminished in frequency and became regular. The medicine was relinquished, and the improvement obtained continued the same a fortnight later.

A man in the same hospital, presenting the same conditions, received equal relief.

On Chloral Hydrate.

At a meeting reported in the *British Medical Journal*, Dr. Wallich read a communication on some of the Properties and Effects of Chloral Hydrate. The author drew attention to the fact that the conflicting results which had, from time to time, been attributed to chloral hydrate, and had induced some persons to condemn it as a drug both uncertain and unsafe in its action, were due in all probability to the marked diversities to be met with in the external characters, and even in the chemical constitution of the substance, as shown by the different formulæ which had been published for it. Chloral hydrate occurred either in massive tablets of varying thickness, or in small detached crystals. The latter of these two forms gave off no pungent or acrid fumes; was always more or less deliquescent; and was very largely soluble in plain water. The former gave off pungent fumes, which were in some samples acrid and acid, resembling those of hydrochloric acid, and like them visible to the eye, and was less readily soluble in water. According to the author's experience, the first named of these two forms never produced any of the deleterious effects complained of, even in cases where large doses had been persistently given, and the use of the drug continued for a protracted period. Regarding chloral hydrate as an unequaled sedative and hypnotic, and indirectly as an anodyne and anæsthetic, Dr. Wallich maintained that, by due care in the selection of the drug, by never administering it on an empty stomach, by diluting it to a sufficient extent, and not merely covering the taste by syrups or other media, and, lastly, by giving it in moderate doses, from fifteen to thirty grains, repeated as circumstances demand, rather than in larger single doses, all its normal and beneficial effects might with certainty be secured. Where increased heart's action was the primary effect produced on the system, the author contended that either the drug itself or the mode of administration had been faulty.

Fatal Acute Alcoholic Poisoning.

The annexed clinical case at St. George's Hospital, reported in the *Lancet*, well illustrates the toxical symptoms of alcohol.

On Nov. 26th, W. C——, aged twenty-one, was brought to the hospital with the following history. At 11 A.M. of the same day he happened to be present when another man, carrying three jars, containing brandy, whisky and rum, through the street, met with an accident, and spilt their contents in the gutter. On seeing this he dropped on his hands and knees and drank a quantity of spirit out of the gutter. About five minutes afterwards he was noticed to stagger as he walked down the street, but it was not known what happened to him between that time and 12 o'clock, when he was brought insensible to his lodgings. His landlady having sent for the police, and they for a surgeon, he was, by the advice of the latter brought to the hospital at 2 P.M.

On admission he was perfectly comatose, his face somewhat bloated and livid, and frothy mucus was oozing from his mouth and nostrils; his skin was cold and clammy, his pulse fluttering, the breathing short and stertorous, and the pupils unequal and inactive.

By means of the stomach-pump sufficient spirit to make more than a gallon of strong brandy-and-water was withdrawn. Respiration having nearly ceased, he was galvanized in the course of the phrenic, and bottles of hot water were applied to his feet and placed around his body; by these means his breathing became better, his pulse fuller, and the congestion of the face ceased, but whenever the galvanism was omitted for a few minutes the respiration stopped. This galvanism was continued until 3.10 P.M., after which he continued breathing of his own accord, and some urine drawn off at this time smelt strongly of brandy, and contained a considerable amount of albumen. At 5.30 P.M. respiration again ceased, but recommenced under the influence of galvanism. Between this and midnight his breathing was generally stertorous, and mucous râles could be heard all over the chest, the respiratory movements varied from 40 to 60 in the minute, and his pulse was 120.

At 5.30 A.M. of the 27th, he had turned himself in bed, and showed some slight consciousness when attempts were made to rouse him. His pupils acted slightly, but his breathing continued stertorous, his respiration 64, and his pulse 120 in the minute. He continued in the same condition until 7 A.M., and then died somewhat suddenly, exactly nineteen hours after drinking the spirit.

At the post-mortem examination the stomach was found slightly congested at its cardiac extremity. The lungs were intensely congested, and the bronchial tubes congested and filled with sanious fluid. There was merely slight congestion of the membranes of the brain, the ventricles were perfectly dry and the substance of the brain natural in appearance. The other organs were congested, but otherwise healthy.

The Relations of the Death-rate to the Population.

This important point in vital statistics is discussed in a late number of the London *Medical Times and Gazette*. The writer says:—

By exhaustive analysis and comparison of the census returns of 1871, as applying to certain selected counties and towns, it was established, in the first place, that the influence of the varying proportion of the sexes in a population in disturbing the value of the general death-rate is so inconsiderable that it may safely be ignored. Secondly, that the extreme limit of disturbance produced in any population by the variety of age-distribution does not exceed two per 1000 in the rate of mortality; and, except in a few cases, the limit as affecting town populations is only one per 1000. Thirdly, that the age-distribution indispensable to a high birth-rate, apart from the effect of the birth-rate itself, which assists in the same direction, actually produces a lower normal rate than the age-distribution which prevails where the birth-rate is low. Fourthly, that both high birth-rates and high death-rates are induced by a large proportion of urban population, but arise from distinct causes, and are not dependent the one on the other. Fifthly, that however desirable it may be to have census enumerations taken more frequently than once in ten years, past experience shows that estimates of population do not to any considerable extent interfere with the value of the Registrar-General's figures for the purposes they are intended to serve.

Homœopathic Tincture of Phosphorus.

The *Druggists' Circular* says:—

The following is the regular formula for making this preparation: Strong alcohol, with an excess of phosphorus, in an open bottle, is placed in a hot water bath, and after the phosphorus has melted the liquid is well shaken till it has become cool, and then poured off.

One thousand drops of this solution contain one grain of phosphorus, and this forms the third decimal potency. Ten drops of the solution with ninety drops of strong alcohol give the second centesimal, or the fourth decimal potency.

The strong alcohol here meant is prepared from ordinary spirits of wine, free from empyreumatic oil, and subjected to another distillation. It is afterwards reduced to the sp. gravity 0.83.

This is taken from a Homœopathic *Pharmacopœia Polyglottica*, by Dr. Willmar Schwabe, Leipzig, 1872.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Braithwaite's Retrospect, for Jan., 1875, is out, with its usual careful selections from the English Medical periodicals.

——The "Transactions of the Medical Society of the District of Columbia," January, 1875 (pp. 22), contains the notes of a number of cases, and an interesting discussion on hydrophobia.

——The *Archives of Dermatology* is another most creditable special periodical. It is edited by Dr. L. D. Bulkley, with the assistance of a large corps of able collaborators. (Quarterly. $3.00 a year.)

——The Chicago *Journal of Nervous and Mental Disease* is an admirably edited periodical, unsurpassed in its specialty by any in Europe. The editors are Drs. Jewell and Bannister, who deserve the highest praise for their industry and energy. (Quarterly. $4.00 a year.)

——G. P. Putnam's Sons, New York, announce the publication of a series of Clinical Lectures, by American Medical Teachers. The series will be begun by the publication of one lecture each month, but if sufficient encouragement be received, it is proposed to make the issue semi-monthly. For the first year no subscriptions will be received, but the lectures will be sold separately, at from 30 to 50 cents each.

The first issued is a lecture by Professor Lewis A. Sayre, on Hip Joint Disease. It makes a neatly printed octavo pamphlet, and sets forth the remarkably successful treatment of the lecturer, such as our readers are familiar with from his clinical contributions to the Reporter. The lectures which are to appear hereafter are promised from the leading physicians of New York and other sections of the

country. It is an undertaking which merits a favorable reception from the profession.

The series will be under the editorial control of Dr. E. C. Seguin.

BOOK NOTICES.

Report of the Health Commission of the State of New Jersey, for the year 1874. Trenton, 1874. pp. 64.

This pamphlet is the report of a Committee of physicians appointed by the Legislature of New Jersey, to inquire what means should be taken by the State to preserve the health of the citizens.

Commencing with a brief historical sketch of sanitary measures, and a vindication of their value, it proceeds to define those diseases which can be controlled by hygiene. Such are small-pox, cholera, fevers, consumption and zymotic diseases. Intermittent and remittent fevers, which are the scourges of certain parts of Jersey, could, the Commission points out, be materially diminished by drainage and clearing the streams from obstructions. The water supply and sewerage of various cities of the State could be much improved. Trenton itself is a conspicuous example. The formation of local Boards of Health, and the adoption of a general and uniform plan of recording vital statistics are also recommended.

On Winter Cough, Catarrh, Bronchitis, Emphysema, Asthma. A course of Lectures delivered at the Royal Hospital for Diseases of the Chest. By Horace Dobell, M. D., Senior Physician to the Hospital, etc., etc. Third and Enlarged Edition, with colored plates. London, J. and A. Churchill, 1875. 1 vol., 8vo, cloth, pp. 292.

Among the numerous valuable contributions to the literature of diseases of the chest which we owe to Dr. Dobell, perhaps none treats of a disease more widely prevalent in both England and the northern United States, than the one before us. The volume is made up of nine lectures and an appendix. The symptom of "Winter Cough" is rigidly analyzed in a number of clinical cases, and is found to arise from one or several of quite a variety of conditions, such as dilated right heart, collapsed lung, emphysema, naso-pulmonary catarrh, excessive sensitiveness of the mucous membrane, etc. These conditions cannot be neglected, if the treatment is to prove successful, and very minute instructions are accordingly given for their identification.

The treatment, to which three of the lectures are devoted, is carefully detailed by the author. It may be divided into hygienic and medicinal. Change of climate is an important element in the former, and a classified list of climates is given, grouped as "sedative," "stimulant," "balsamic" and "elevated." Special notes for travelers are added, in reference to a few of the most approved stations, such as Egypt and Arcachon.

As medicines, in the stricter sense of the term, the author relies much on sesqui-carbonate of ammonia, believing that it has "a most marked and important action on the mucous membrane." "It assists more than any other one drug of equal safety, in restoring a healthy condition to a mucous membrane affected with catarrhal congestion." Senega he regards as rather irritating; olibanum he considers a more valuable aid in checking morbid secretion from the mucous membranes of the air tubes. Benzoin is another valuable remedy.

For that very annoying, obstinate and disagreeable complaint, post-nasal catarrh, Dr. Dobell believes in a combination treatment of 1st. A medicated injection:—

R.	Boracis,	ʒj.
	Glycerin. carbolat.	ʒij.
	Sodæ bicarb,	ʒj.
	Aquæ tepidæ,	Oss.

Sig.—To be used night and morning.

2d. A medicated snuff, to wit:—

R.	Powdered camphor,	
	Tannic acid,	
	White sugar,	
	Dry Welsh snuff,	āā ʒj.

Sig.—Two or three times a day.

3d. A lozenge, as:—

R.	Powdered camphor,	gr. ij.
	Tannic acid,	gr. ss.
	Hydrochlorate of morphia,	gr. $\frac{1}{16}$
	White sugar,	gr. x.
	Powdered gum arabic,	gr. ij.

Lastly, rub behind the ears and back of the neck, two or three times a day, with camphor liniment.

The colored illustrations give views of diseased lungs, carefully drawn and tinted. Altogether the book is one which richly repays close reading.

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ILL EFFECTS OF CHLORAL.

The observations of Dr. Madison Marsh in this journal (Jan. 16), deserve careful study, as they are abundantly supported by other physicians. As to the exact extent to which the chloral habit is carried by those whose condition does not require it, it is exceedingly difficult to say. Possibly some exaggeration has crept in, as is usually the case when one becomes impressed with the danger of a habit, and feels the necessity of bearing testimony against it. Certainly a large quantity is used, but how much legitimately and how much illegitimately, it were hard to calculate.

A recent number of the *Medical Press and Circular* contains a rather curious example of a whole family who fell into the habit of a needless, and hence hurtful, consumption of the drug. It appears that the entire family took chloral for very many months. At first it was quickly absorbed, and doses of half a drachm produced sleep in less than half an hour. Ten or fifteen grains answered one individual. The artificial sleep lasted with some of the family four or five hours, when the drug seemed to be in a great degree eliminated from the system. If the patient was very irritable on going to bed, no further sleep was had that night; but if less so, the artificial sleep slid into the natural one. When the sleep was not sufficiently prolonged to allow the chloral to be eliminated from the system, the phenomena evinced were precisely like intoxication.

The doses exhibited were probably needlessly large. A large dose often failed in producing anything but a nightmare stupor, if the person went to bed angry, owing, probably, to the stomach containing acid, a small dose sufficing the same individual when the frame of mind was tranquil. After a time each individual began to perceive a constant feeling of chilliness, owing, probably, to depressed nerve power, and also to the chloral hindering oxydation. Dyspepsia, to which three of the individuals were more or less subject, became aggravated, and the fourth, who had enjoyed a good digestion, became likewise dyspeptic. Symptoms threatening imbecility and general paralysis showed in three, the one who escaped being the one who took but a very small dose (ten or fifteen grains). A hemorrhage from bleeding piles, to which one had been subject for many years, and which was well borne while the loss was made good by well-digested food, now, when digestion was completely paralyzed, became constant, and threatened to prove fatal. The example is given by Dr. F. M. Luther.

A discussion of the subject took place at the Clinical Society of London, at a meeting held at the close of November last, which elicited the experience of quite a number of gentlemen of extensive practice.

Mr. P. Thornton related particulars of a case of delirium tremens, in which eight drachms of chloral hydrate were administered within thirty-three hours and a half. The delirium was not

relieved; on the contrary, the patient recovered as soon as the chloral was stopped.

Dr. FARQUHARSON said that records of cases of chloral poisoning were interesting, now that "chloral-eating" was common. The symptoms of an overdose of chloral varied in different cases. Sometimes the heart was immediately acted on, faintness being a symptom; at other times, the effect was more upon the pneumogastric nerve. It was a question whether these differences were to be referred to idiosyncrasy or to the quality of the drug—that is, to impurities. Chloral was often impure, and LIEBREICH had said that the administration of it in this condition was the cause of the preliminary intoxication sometimes observed after its exhibition. LIEBREICH had also observed that chloral acted badly in gout, because the alkalinity of the blood necessary for its decomposition was not present in that disease. Dr. FARQUHARSON himself had found that in acute rheumatism large doses of chloral had not only not done good, but had even caused delirium. As for the dose of chloral which might be given, he had used as much as six drachms a day in neuralgia.

Dr. RHYS WILLIAMS said that in Bethlehem Hospital the results of the use of chloral had been rather unfavorable. As regards large doses, he had given in one case of chronic insanity as much as two drachms every four hours, and that without either relieving the symptoms or inducing sleep.

Dr. GREENHOW remarked, in reference to the therapeutics of chloral, that in delirium tremens he had used it eight or nine times, and with the result that he was better satisfied with it than with any other drug he had tried. He administered ten grains every few hours until sleep supervened. In rheumatism, the theoretical objection to chloral was plausible; but as a matter of fact he had found chloral useful in the disease. Chloral hydrate was, however, very much like other drugs, uncertain; and his rule was to give it a fair trial, and, if the result were unsatisfactory, to try something else.

Mr. THORNTON inquired whether there was any known antidote to hydrate of chloral. Was strychnia, for example, such an antidote? The replies were to the effect that strychnia is, at best, a doubtful antidote, and that the most reliable one we know seems to be strong coffee.

NOTES AND COMMENTS.

Therapeutical Notes.

NEW LINIMENT FOR SCABIES.

Dr. Clemens gives the following formula in the *Allg. Med. Central Zeit.*, December 9th, 1874:—

℞.	Arsenious acid,	gr. j.	
	Carbonate of potash,	grs. xv.	
	Spirit of soap,	ʒiij.	
	Spring water,	ʒiij.	M.

The liniment to be rubbed twice daily on the parts affected.

It is said to be efficacious, and unattended with any trouble or inconvenience. The carbonate of potash is added to the arsenious acid to promote its solubility, and to prevent the too rapid drying up of the liniment. Dr. Clemens has used this application for the last five years with the best results. Of course disinfection of the clothes is useful; but where such cannot conveniently be carried out, the liniment lying on the body serves as an attraction to the acari, which, by reaching it from the clothes, perish in it. Very little of the quantity mentioned in the prescription is necessary, and the frictions have always proved harmless as far as the digestive organs are concerned. It does not hurt the youngest child.

INFUSION OF MYRTLE IN LEUCORRHŒA.

Dr. Delioux de Savignac recommends this as a useful and agreeable injection in leucorrhœa. The berries or leaves, containing both essential oil and tannin, are the best parts of the plant for this purpose. About half an ounce should be infused in a quart of boiling water, and, if powerful astringent action is desired, one ounce may be used. The injection should be used cold or tepid, and in large quantities (three or four quarts), and thrown up as high as possible. The application is much liked by women, on account of its pleasant odor.

CARBOLIC ACID SUBCUTANEOUSLY IN ERYSIPELAS.

Dr. Hirschberg relates the case of a slaughterman who accidentally cut his upper arm, the

wound being about five inches long, and penetrating the muscles. A good deal of venous hemorrhage followed. On the second day a bad attack of erysipelas of the arm came on. A two per cent. solution of carbolic acid was injected subcutaneously at the upper boundary of the erysipelas, and next day all traces of erysipelas had disappeared. The injections were repeated five times within the next three days, and the wound healed far more rapidly and with much less suppuration than could have been expected.

CATARRH OF THE KIDNEY.

The frequent micturition, pain, and sleeplessness which characterize this disease are quickly and certainly relieved, says Dr. Leopold Dittel, by inhalations of the ethereal oil of pine.

The Influence of Ozone.

As heretofore remarked in this journal, the influence of ozone on health is esteemed of less and less magnitude. In the last Health Report of the British Navy, is a paper on the subject, by Staff-Surgeon J. Mulvany. In conclusion he expresses an opinion that no disease can be clearly traced either to the superabundance or scarcity of ozone. Also that its most marked influence appears to be exercised over the generative organs; and as it tends to increase the chances of fecundation, the probability is that it imparts to the primary elements of life an accession of developmental force, which counteracts the transmission by the parents of that impaired bodily vigor which is always induced by the condition of heat, humidity, and clouds, etc., under which the manifestations of ozone are most liberal. And in this way ozone may be looked on as an important agent in the prevention of the degeneration of the human race. This is certainly a curious, and if correct, a conclusion of no trifling value.

Is There Danger of "Driving in" a Skin Disease?

The popular opinion says there is. We have heard the venerable Prof. George B. Wood sanction this opinion. Dr. McCall Anderson, in his late book on skin diseases, denies it, and scouts it. His reviewer, in the *Medical Press and Circular*, says:—

"Eczema, known to have a constitutional origin, ought not to be suddenly cured. That eczema very often relieves the system by its appearance, does not admit a doubt. In the young its sudden suppression has been followed by water on the brain, and here the disease had been confined to the head; and in after-life, when the gouty poison is so often mixed up with the eczema, we have known bad effects at once follow the disappearance of the rash. We have seen pemphigus make its appearance, and confined exclusively to the parts where the eczema had been. Violent cramps, too, are not uncommon under similar circumstances; and we have seen most obstinate cough and some forms of dyspepsia also come on. Every one, too, must have known bad effects follow the drying up of what seemed at the moment a very trivial discharge. This subject might be pursued very much further, but such is not called for here; and we would only add that, on this point, of the drying up or curing such a disease as eczema, too much caution cannot be exercised."

Here is an open question, and a very practical one, which we should like to have discussed by some of our readers.

The Prevention of Sea-sickness.

The "Bessemer ship," in which the cabin is suspended in such a manner as to maintain its floor constantly horizontal, was tried on the channel some weeks ago, but failed to prevent nausea and sickness. The difficulty seems to have been that the vertical motion continued.

Dr. Giraldes states, in a recent number of the *Journal de Therapeutique*, that on the advice of American physicians he took chloral in twenty grain doses, with success. This practice, however, ought not to be recommended, on account of the known danger of repeated chloralization. Better bear the nausea.

Small-pox in Siberia.

Among the Tartars, small-pox is as fatal as among our Indians. An observer relates that when the disease attacks a family, all the ties of blood and friendship are broken; often the Tartar, quitting mother, wife, and children, mounts on horseback and flees from his country. When the plague descends on a tent in winter, those it attacks are almost infallibly lost, abandoned as they are, under a light tent, to a cold of more than twenty-five degrees below zero. Sometimes it requires only fifteen days to destroy a whole family. The only remedy they use is hot milk, diluted with water; the sole

preservative is brandy. There are no doctors nor hospitals. There is merely to be mentioned the village of Jardik, on the postal route, with a miserable hospital of fifteen beds. There is, indeed, a medical man attached to the administration of the Kalmucks, far from the centre of the Steppes, at Astrachan; but this doctor's time is always occupied by violent deaths; he has not a moment left for ordinary diseases.

Testing for Chloroform.

E. Rennard describes, in *Pharm. Zeitschrift fur Russland*, quoted in the *Journal of Applied Chemistry*, an interesting case of detecting chloroform in a body which had been dead seven days. About 60 grammes of the liver and intestines, with 120 grammes of blood from the same, were distilled, and 10 c.c. of a perfectly clear distillate obtained. From 3 to 5 c.c. of this liquid were mixed with 2 c.c. of an alcoholic solution of potash and 1 drop of anilin, or some salt of anilin, and the test tube gently warmed by dipping it in hot water. The disgusting and penetrating odor of isonitril was at once observed. This test, which was devised by Prof. A. W. Hofmann, will detect the presence of one six-thousandth part of chloroform, and may be employed where all the usual tests fail.

How to Clothe Children.

Dr. Ulrich, of Bremen, has been giving some advice on this subject lately. He says the clothes must not be narrow across the chest and shoulders, nor too wide over the back; the armholes should be exactly at the sides, and not, as they too often are, far forward; the top button of a boy's jacket is frequently much too tight, and drags down the head and neck, while it raises the back and flattens the chest. It is of the last importance, when measuring a child for clothes, to see that the head is high and the chest full.

On Maternal Impressions.

The latest discussion we have seen on this topic occurred at the Medical Society of London, in November. Dr. R. J. Lee said that the necessity of defining what we mean by maternal impression is the first step towards explaining the manner in which an impression can affect the child. There appear to be certain effects which follow purely emotional disturbances, and others which are the consequences of impressions produced by objects of fear and disgust; while between purely emotional and objective impressions there are a great variety which affect the emotions and the senses simultaneously. Experience proves that the first and last of these classes of impressions are more commonly stated to be causes of various abnormal conditions in the child, and that such effects are exhibited in some deficiency of its intellectual and moral nature rather than in deformity or abnormality of special organs or parts of its body.

On Colloidal Matter.

In a recent lecture Dr. B. W. Richardson maintains that in the body there is only one form of colloidal matter, and that all variations of it known under the different names of fibrine, gelatine, albumen, globuline, caseine, chondrine, are but modifications of the simple colloidal form of matter, induced by combinations between it and water, through the medium of inorganic bases and salines which have affinity for water and fix it in combination. In illustration of this Dr. Richardson showed a number of methods in which he could transform fluid albumen by means of caustic soda. In one instance of this kind he turned out albumen from a little capsule shaped in solid form like a lens; in another experiment he produced a semi-elastic membrane; and in a third he showed a solidified mass, like gelatine. The purest colloid is that which, by perfect dialysis, is freest of the fixing intermediate body, and in which the change of colloid from the soluble into the insoluble pectous form is most easily effected. Fibrine is a colloid in which this separation has been very nearly perfected, and is perhaps the closest approach to the pure form of colloidal matter in the animal body; hence the readiness with which it passes from the solubie into the coagulated or pectous condition.

Atropine in Myopia.

We have received a pamphlet of Dr. Hasker Derby, of Boston, on "Near Sight Treated by Atropia," with eight pages of printed matter, and eight tables, carefully prepared, detailing all the facts in regard to thirty cases.

This is an old idea revived, for as early as our knowledge of the uses of "belladonna," it was employed in the treatment of myopia, and in some instances with success. For while ad-

mitting with Prof. Donders the influence of hereditary predisposition, as well as congenital myopia, there are certain other forms, with an accommodative spasm antedating the organic change, and which are often acquired during school years, or in early life, by individuals manifesting no hereditary predisposition. In some of his cases Dr. Derby employed the solid atropine, in others a solution of (gr.ss, to ʒj) applied daily for six weeks. The following were his conclusions: "That the paralysis of the accommodation by means of atropine persisted in during a period of several weeks, and furthered by rest of eyes, shaded glasses, and in extremely aggravated cases by local bloodletting, offers a reasonable prospect of preventing the progress of the myopia, in some instances of lessening its amount, and in occasional recent and slight cases, of removing it altogether." L. T.

The Physiology of Poetry.

In a late lecture, Dr. Oliver Wendell Holmes says that the natural rate of respiration is from sixteen to twenty-four breaths a minute, twenty being the average. The popularity of the octosyllabic verse is owing to the fact that in being read it follows more exactly than any other the natural rhythm of respiration. Experiments with Scott's, Longfellow's and Tennyson's poetry show that an average of twenty lines will be read in a minute, so that one respiration will suffice for each line. It is so easy of articution, in fact, that it is apt to run into a sort of sing-song. The twelve syllable line of Drayton's Polyolbion is pronounced almost intolerable, on account of "its intensely unphysiological construction." Dr. Holmes' conclusion is, that nothing in poetry or in vocal music is widely popular that is not calculated with strict reference to the respiratory functions.

Effects of Prohibition.

One of the consequences of absolute legal prohibition of intoxicants, successfully carried out, is that it relieves the youth from any effort of self-control, and hence weakens his powers. It would seem some such effect is already noticed. There has been no direct acknowledgment of the failure of the prohibitory law, either in Maine or Massachusetts, but it is a noticeable fact that in the former State there is found to be a necessity for the old forms of public meetings and pledges, to save young men from intemperance, and that in the latter State the people have elected a Legislature which has already abolished the State police, and is pledged to secure a return to the license system.

Diseases of Fowls.

At a late meeting of the Academy of Natural Science, in this city, Dr. John Leidy spoke of the diseased condition of the lungs of two flamingoes which had recently died at the Zoological Garden, and which had been examined by Dr. Chapman. Dr. Leidy had examined certain dark green patches in the tissue, and found them to be due to a microscopic fungus, which has been described by Robin, who had observed the same in the duck, under the name aspergillus nigrescens. In continuation, Dr. Leidy spoke of the fungous diseases of the human body.

Phosphoric Acid in Ergot.

Professor Levi, of the University of Pisa, has just made known, as the result of numerous analytical and experimental researches, that the physiological, therapeutical, and obstetric properties of ergot of rye are due to the presence of phosphoric acid, which it contains in abundance, much more than to its organic principles (like ergotin, ecbalin, etc.), to which until now had been exclusively ascribed all the various actions of the substance.

Tests for Glycerine.

Pure glycerine has a specific gravity of 1.26; is perfectly soluble in water and in alcohol; and heated in a porcelain dish to 150° Cent. burns with a blue flame without emitting the least odor, and without leaving the least stain or deposit on the dish.

Correspondence.

Curious Case of Somnambulism.

Ed. Med. and Surg. Reporter:—

The following curious case of somnambulism occurred in the army several years ago. I obtained the facts from the private journal of a soldier with whom I am personally acquainted, Mr. A. Shockey, of Waynesboro, Franklin county, Pa., and his statements can be relied upon as truthful:—

"Fort Concho, Texas, April 16th, 1868.—Private. James Johnson, of Company G, Seventeenth United States Infantry, confined in the post guard-house, charged with neglect of duty.

The occurrence has caused considerable excitement among the boys in camp this morning. The prisoner's case is a singular one. As I have stated above, the charge preferred is *neglect of duty;* but facts of quite a different nature have come to light. The soldier in question was a member of the guard around the camp, mounted April 15th; was found asleep, walking his beat, last night, between the hours of 12 and 2 o'clock, by Lieutenant Turnock, while making the grand rounds. This soldier was always a reliable man on duty, but on this occasion his presence on his post was a mere blank: he did not challenge the 'rounds,' as customary, but continued walking in his beat, carrying his musket at a right shoulder-shift, apparently unconscious of the presence of the Lieutenant and four men. When within a few paces of the sentinel, the Lieutenant stepped to the front to ascertain the cause of his indifference; saw that his eyes were open, but showed no signs of recognition, nor did he seem to be acting under any impulse whatever. The Lieutenant seized the military somnambulist by the collar, and shook him pretty lively. Instantly the soldier brought his musket to a '*ready*,' and in military style challenged the persons present.

"Strange to say, though the sentinel was asleep, he did not make any mistake in walking to and fro on his beat, which was about six rods in length. Just opposite, at one end, is a small wooden building, and at the other end of the beat a stump.

"April 27th. Trial of James Johnson. Drs. Willman and Sanford called on to examine the prisoner's physical abilities. Reported good. Many witnesses cross-examined, bearing on the prisoner's character and moral habits, the statements made being unfavorable to the prisoner; but his conduct heretofore, as a soldier, excellent.

"April 28th. The prisoner is honorably acquitted and restored to duty in his company, much to the chagrin of several officers on duty in the garrison."

Johnson, according to his own statement, was *dreaming*, while walking his beat, that he was at home in Massachusetts; and was not conscious of anything but his dream, until suddenly awakened by the Lieutenant's shaking him.

The stump indicating the one end of his "beat" was not in a direct line with it, but a little to one side; yet the sleeping sentinel continued to turn at the proper place.

This case being an unusual one, and so well authenticated, I thought it worth the trouble of transcribing an account of it for your pages.

J. C. Burns.

Philadelphia, February 1st, 1875.

[The above case acquires especial interest, (besides its important forensic bearings) as another example of the "automatism of memory," of which so much was made by Professor Huxley in his address last summer. The famous case of the French sergeant, which he quoted, will be found translated in full, from *L'Union Medicale*, in the January number of the Chicago *Journal of Nervous and Mental Disease*. This strange fact of unconscious intelligence is the basis of Hartmann's *Philosophie des Unbewussten*, the Theory of the Unconscious, just now making considerable stir in metaphysics. Ed. Reporter]

Repletion and Depletion; the Influence of Season on Therapeutics.

Ed. Med. and Surg. Reporter:—

We know that on the animal, vegetable and mineral kingdoms the influence of season is plainly marked, and in no less degree is it so with man; we go to the cemetery and get a correct report of deaths, and the season of the year in which we have the greatest mortality. We find that between two periods (from about the middle of February to the middle of April, and the middle of September to the middle of November), constituting about one-third of the year, we have about two-thirds of the deaths that occur during the year. Again, when we investigate closely the human system, we find it between two extremes, one in the spring the other in the fall, corresponding to these two periods of greatest mortality. We find one patient in the spring plethoric, with great arterial tension, and a tendency to inflammation; as if the patient were in a room containing oxygen in excess. In the fall exactly the reverse occurs, with a tendency towards exhaustion. What does this indicate in a therapeutic point of view? Does it not imply that one should deplete in the spring and replete in the fall?

Keeping this idea in view, we should choose such remedies as would contribute to that end. Take a case of pneumonia; in the spring we generally find great vascular action. Then we may safely deplete with the lancet, calomel, active cathartics, etc. But if pneumonia occurs in the fall such a treatment may be dangerous. We should use veratrum in the spring, aconite in the fall, to control febrile action. Remedies which have a tendency to exhaustion should not be given when the patient is already exhausted, and if a cathartic is indicated in the fall it should be a mild one.

I believe that many times what would have otherwise been a simple case of remittent fever has been converted into typhoid fever by the injudicious use of cathartics, and that if this rule were strictly adhered to during the fall of the year typhoid fever would be rare. We should not medicate too much (*natura sanat, medicus morbum curat*). The physician cures, nature heals. This is an old proverb, the full significance of which we are just beginning to appreciate.

We reach the conclusion that although theoretical investigation is a useful auxiliary, yet the only sound basis of therapeutic research is clini-

cal observation. The future progress of therapeutics depends upon the coördination of the two methods.

J. N. Day, M.D.

Pilot Grove, Iowa.

News and Miscellany.

Philadelphia County Medical Society.

The next Conversational meeting will be held Wednesday, February 24th, at 8 o'clock P.M. Dr. James H. Hutchinson will read a paper on "The use of the ophthalmoscope as an aid in the diagnosis of cerebral disease." The medical profession in the city are cordially invited.

The Desmoines Valley Medical Association.

At the annual meeting of this Society, at Wapello, Ia., the following officers were elected: S. H. Sawyer, President; W. L. Chamberlain, Vice-President; W. S. Lambert, Assistant Secretary; and Drs. Gutch, Udell, Greenleaf, Olney, Engle and Stevenson, delegates to the American Medical Association.

Personal.

—Dr. James P. Alcorn and his wife, of Allegheny, Pa., died on the same day, January 19, the former of pneumonia, the latter of enteritis.

—Perhaps partly to compensate Dr. Magnan for his prosecution at Norwich for vivisection, the French Academy have awarded him a prize of 2500 francs for the same experiment.

—Mr. J. V. Williamson, of this city, has given $50,000 to endow "free scholarships" in the Women's Medical College of this city, and "free beds" in the Women's Hospital attached to that institution.

—Dr. John H. Gihon died in Shreveport, Louisiana, January 13th. At first a Universalist minister, then an active Native American politician, later a physician, and the first postmaster and alcalde of San Francisco in 1849; next, private secretary to Governor Geary in Kansas and Pennsylvania, surgeon to the Lazaretto, Philadelphia, practitioner in Louisiana, he led a singularly changeful life. He wrote "Life of Governor Geary," "Annals of San Francisco," etc.

Items.

—On p. 134, first column, eleventh line from bottom, for "membrane" read "manubrium."

—The German Hospital, of this city, is approaching completion. It will accommodate 130 patients.

—Dr. Snow, Registrar of Providence, says:—"The average temperature of the month of January was extremely cold, and from that cause, to some extent, probably, the mortality from diseases of the lungs was extremely large. The number of deaths from inflammation of the lungs was larger than ever before known in a single month in Providence."

—Dr. Glenn, the largest farmer in California, sold his last year's crop of grain for nearly half a million dollars, gold coin.

—An English physician proposes to send medicines, by mail, to the sick poor throughout England, from a central dispensary in London.

—A Canadian paper mentions the death of a centenarian, Joseph Hyndman, a native of Argyleshire, Scotland, who died at Fingal, Ontario, on the 7th inst., aged 105 years.

—A new form of Boston charity is "diet kitchens." The food is given only to the sick poor, and tickets are distributed by the dispensary physicians.

Queries and Replies.

Frost Fish.

Dr. A. D. B., of Pa.—This fish, the tom cod, *Morrhua pruinosa*, derives its name from reaching the coast of Maine with the first frost. It *stiffens* when drawn from the water, but certainly not from the cold.

Vaccinola.

Dr. J. K., of Ohio.—This name (not found in the last edition of Dunglison's *Dictionary*) is applied by some German writers to an eruption which occasionally follows vaccination. It differs, as we understand it, from spurious cow-pox, *vaccinioïde*.

Dr. M. H. G., of Ills.—You will find Crede's method of placental delivery fully set forth in the Reporter, Vol. xxx, p. 442.

Dr. W. T.—We can have the Reporter bound for you, for $1.00 per volume.

Marriages.

Brown—Hoke.—By the Rev. J. M. Brown, Jan. 13th, 1875, W. A. Brown, M.D., and Miss Mollie C. Hoke, daughter of M. A. and O. C. Hoke, all of Eelf's Bluff, Ark.

Bruen—Ingels.—At Lexington, Ky., on the 14th of January, Dr. Edward T. Bruen, of Philadelphia, and Florence L. Ingels, of the former place.

Mosser—Baughman.—On Thursday, January 28th, at the Protestant Episcopal Church of the Incarnation, Philadelphia, by the Rev. Joseph D. Newlin, E. Neff Mosser, M. D., of Mechanicsburg, Pa., and Miss Bettie B. Baughman, of this city.

Shelley—Herr.—At Port Royal, Pa., by the Rev. J. H. Stewart, A. W. Shelley, M. D., and Annie M. Herr, both of Port Royal.

Singley—Bowman.—In Philadelphia, on the 4th inst., by Friends' ceremony, Dr. W. L. Singley, of Salem, New Jersey, and Fannie Bowman, of Byberry, Pa.

Deaths.

Dawson.—Dr. M. Dawson, at Lancaster, Ohio, on the 20th ult.

Gebler.—On the 19th of January, Charles F. Gebler, M. D., in the 74th year of his age.

Marselis.—Dr. I. N. Marselis, of Philadelphia, February 7th, aged 74.

Owens.—Dr. W. Owens, of Lynchburg, Va., on the 22d ult., 88 years of age.

Smart.—In Concord, N. H., January 12th, Dr. William H. Smart, aged 64 years, 9 months.